

Atty Docket No. 087711-000000US

PTO FAX NO.: 1 703 872-9311

ATTENTION: Examiner S. Hendrickson  
TELEPHONE NO.:

Group Art Unit 1754

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FOR THE PERSONAL ATTENTION OF  
EXAMINER S. Hendrickson**

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**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following document(s) in re Application of SELI MOTOJIMA, et al., Application No. 09/403,894, filed October 26, 1999 for METHOD AND APPARATUS FOR MANUFACTURING CARBON FIBER COILS is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Amendment
2. Petition to Extend Time
3. Fee Transmittal

Number of pages being transmitted, including this page: 10

Dated: 9/25/03



Lata Olivier

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PTO/SB/17 (05-03)

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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b> <i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>		Application Number		09/403,694
		Filing Date	October 26, 1999	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor		Motojima, Selji
		Examiner Name		S. Hendrickson
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 410		Art Unit		1754
		Attorney Docket No.		087711-000000US

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>FEE CALCULATION (continued)</b> <b>3. ADDITIONAL FEES</b>																																																																																																																																																																																																																																							
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>			
Name (Print/Type)	Kevin T. LeMond	Registration No. (Attorney/Agent)	35,633	Telephone	415-576-0200
Signature		Date	9/25/03		

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